

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
 NEW JERSEY STATE HEALTH BENEFITS PROGRAM
 STATE MONTHLY ACTIVE GROUP
 MONTHLY RATES EFFECTIVE 1/1/2012 to 12/31/2012

| PLAN/COVERAGE DESCRIPTION | COBRA RATES |
|------------------------------|----------------|
|------------------------------|----------------|

MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #203

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|--|------------|
| <u>NJ DIRECT15 - #150(1)</u> | |
| Single | \$561.34 |
| Member & Spouse/Partner | \$1,122.69 |
| Family | \$1,403.36 |
| Parent & Child | \$830.79 |
| <u>AETNA, INC. - #005(1)</u> | |
| Single | \$577.00 |
| Member & Spouse/Partner | \$1,154.00 |
| Family | \$1,442.51 |
| Parent & Child | \$853.96 |
| <u>CIGNA HealthCare HMO - #006(1)</u> | |
| Single | \$580.10 |
| Member & Spouse/Partner | \$1,160.20 |
| Family | \$1,450.26 |
| Parent & Child | \$858.55 |
| <u>PRESCRIPTION DRUG PROGRAM - #203</u> | |
| Single | \$156.23 |
| Member & Spouse/Partner | \$312.46 |
| Family | \$390.58 |
| Parent & Child | \$231.22 |

MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205

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| <u>NJ DIRECT1525 #051(2)</u> | |
| Single | \$545.62 |
| Member & Spouse/Partner | \$1,091.25 |
| Family | \$1,364.07 |
| Parent & Child | \$807.52 |
| <u>AETNA1525 #061(2)</u> | |
| Single | \$560.84 |
| Member & Spouse/Partner | \$1,121.69 |
| Family | \$1,402.12 |
| Parent & Child | \$830.05 |
| <u>CIGNA1525 #071(2)</u> | |
| Single | \$563.86 |
| Member & Spouse/Partner | \$1,127.72 |
| Family | \$1,409.66 |
| Parent & Child | \$834.51 |
| <u>PRESCRIPTION DRUG PROGRAM #205</u> | |
| Single | \$141.70 |
| Member & Spouse/Partner | \$283.40 |
| Family | \$354.26 |
| Parent & Child | \$209.72 |

- 1)Subscribers in # 150,#005, & #006 are subject to \$15 Primary Care and \$15 Specialist office visit co pay and are eligible for Prescription Drug Plan #203
- 2)Subscribers in #051,#061, & #071 are subject to \$15 Primary Care and \$25 Specialist office visit co pay and are eligible for Prescription Drug Plan #205
- 3)Subscribers in # 052,#062, & #072 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit co pay and are eligible for Prescription Drug Plan #206
- 4)Subscribers in High Deductible Plans #90, #92, #94 are subject to \$4,000 In-Network deductible
- 5)Subscribers in High Deductible Plans #91, #93, #95 are subject to \$1,500 In-Network deductible
 Employer funding for health savings accounts is not available for high deductible plans #091, 093 and 095

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MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #206

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|--|------------|
| <u>NJ DIRECT2030 #052(3)</u> | |
| Single | \$513.07 |
| Member & Spouse/Partner | \$1,026.14 |
| Family | \$1,282.68 |
| Parent & Child | \$759.33 |
| <u>AETNA2030 #062(3)</u> | |
| Single | \$527.38 |
| Member & Spouse/Partner | \$1,054.76 |
| Family | \$1,318.46 |
| Parent & Child | \$780.52 |
| <u>CIGNA2030 #072(3)</u> | |
| Single | \$530.21 |
| Member & Spouse/Partner | \$1,060.43 |
| Family | \$1,325.54 |
| Parent & Child | \$784.71 |
| <u>PRESCRIPTION DRUG PROGRAM #206</u> | |
| Single | \$144.20 |
| Member & Spouse/Partner | \$288.40 |
| Family | \$360.50 |
| Parent & Child | \$213.41 |

HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG

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| <u>NJ DIRECT HD4000 #090(4)</u> | |
| Single | \$409.96 |
| Member & Spouse/Partner | \$819.94 |
| Family | \$1,024.93 |
| Parent & Child | \$606.75 |
| <u>AETNA HD4000 #092(4)</u> | |
| Single | \$418.91 |
| Member & Spouse/Partner | \$837.83 |
| Family | \$1,047.30 |
| Parent & Child | \$619.99 |
| <u>CIGNA HD4000 #094(4)</u> | |
| Single | \$420.68 |
| Member & Spouse/Partner | \$841.37 |
| Family | \$1,051.73 |
| Parent & Child | \$622.61 |
| <u>NJ DIRECT HD1500 #091(5)</u> | |
| Single | \$608.04 |
| Member & Spouse/Partner | \$1,216.08 |
| Family | \$1,520.10 |
| Parent & Child | \$899.89 |
| <u>AETNA HD1500 #093(5)</u> | |
| Single | \$621.30 |
| Member & Spouse/Partner | \$1,242.61 |
| Family | \$1,553.27 |
| Parent & Child | \$919.53 |
| <u>CIGNA HD1500 #095 (5)</u> | |
| Single | \$623.93 |
| Member & Spouse/Partner | \$1,247.86 |
| Family | \$1,559.84 |
| Parent & Child | \$923.42 |

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|----------------------------|--------|
| <u>COBRA Vision</u> | |
| Single | \$0.64 |
| Member & Spouse/Partner | \$1.51 |
| Family | \$1.86 |
| Parent & Child | \$1.01 |

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